

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014307

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317

500

936

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON BARRACKS

Length of stay in 1b

79 DAYS

c. FULL NAME OF (If not in hospital, give location)

VETERANS ADMINISTRATION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY

LEMAY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2747 TELEGRAPH ROAD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

WILLIAM

E.

MIRGAIN

4. DATE OF DEATH

MARCH 16, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

12-31-16

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SELF EMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY

RESTAURANT

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM H. MIRGAIN

13b. MOTHER'S MAIDEN NAME

LOUISE MUELLER

14. NAME OF HUSBAND OR WIFE

VIRGINIA MIRGAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

NW-11

17. INFORMANT

VIRGINIA MIRGAIN (WIFE)

Address

2747 TELEGRAPH RD., LEMAY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

DUE TO (b)

CARDIAC INSUFFICIENCY

DUE TO (c)

OLD MYOCARDIAL INFARCTION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HEPATIC CIRRHOSIS (PORTAL) SUSPECTED

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I, A.A., attended the deceased from

12-27-62

to 3-16-63

Death occurred at

2:10 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul G. Stromsdorfer

(Degree or title)

22b. ADDRESS

M.D. VET ADM HOSP, JEFF BRKS, 25, MO

22c. DATE SIGNED

3-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-20-63

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Southern Funeral Home.

6322 S. Grand Blvd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-18-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	
14000		
24000		
3		
4 0		
5 1		
6		
7 0		
8 1		
9420.1		
10		
11		
1248.0		
13		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Patten

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.